

Appendix 1 (as supplied by authors): Items of the technical quality scores

Table 1. Diabetes Mellitus in Adults

1	Patient's weight or BMI within the past 15 months is noted.
2	A blood pressure measurement was done within the past 8 months.
3	A visual examination of the feet was done within the past 15 months.
4	Proof that a retinal exam was done within the past 2 years.
5	Two HbA1c measurements were done within the past 15 months.
6	A screening for microalbuminuria was done within the past 15 months.
7	A serum creatinin measurement was done within the past 15 months.
8	A lipid profile measurement was done within the past 3 years.
9	ASA or other antiplatelet therapy is prescribed. If not: there is a note to the effect that there is a contraindication or a justification.
10	There is a note that education for self-care was provided.

Table 2. Coronary Heart Disease

1	Patient's weight or BMI within the past 15 months is noted.
2	An angina evaluation (occurrence/severity of chest pain) was done within the past 15 months.
3	A blood pressure measurement was done within the past 15 months.
4	A lipid profile measurement was done within the past 3 years (exclusion: patients on hypolipidic Rx).
5	Antiplatelet therapy is prescribed. If not: there is a note to the effect that there is a contraindication or a justification.
6	A short acting nitrate (nitrolingual/nitro spray) is prescribed by the physician or cardiologist.
7	A beta blocker is prescribed. If not: there is a note to the effect that there is a contraindication or side effects.

Table 3. Preventive Care (only for patients followed for one of the two chronic conditions)

1	There is a note regarding whether the patient is a smoker or non-smoker.
2	In the case of smokers, smoking-cessation counselling was provided within the past two years.
3	A blood pressure measurement was done within the past 15 months.
4	For patients of age 50 and above, screening for colorectal cancer was done according to risk factor (FOT, sigmoidoscopy, colposcopy or barium enema).
5	For all patients above 60, or all diabetics irrespective of age, flu vaccination was given within the past 15 months.
6	For all patients above 65, a proof of anti-pneumococcal vaccination is in the chart
7	A Pap test for sexually active women without hysterectomy under the age of 70 was done within the past 3 years.
8	A breast examination for women between the ages of 50 and 70 was done within the past two years.
9	A mammogram for women between the ages of 50 and 70 was done within the past 2 years.

Table 4. Upper Respiratory Tract Infection

1	Did the patient complain of at least ONE of the following: nasal discharge or congestion, sore throat or a cold?
2	Was the duration of symptoms noted?
3	IF symptoms persisted for more than two weeks, was inquiry made about sinusitis (facial pain AND purulent [yellow/green] nasal discharge)?
4	IF a cough was noted in the history, was a chest examination done?
5	Was temperature recorded OR was an inquiry made about presence or absence of fever?
6	IF sore throat was noted in the history, was the throat examined?
7	IF antibiotics were prescribed, was there a history of chronic lung disease?
8	IF antibiotics were prescribed, was there a notation in chart re drug allergies (3 minute search)?
9	IF antibiotics were ordered, were dose AND duration of use recorded?

Table 5. Acute Bronchitis

1	Was a comment made about duration of cough?
2	Was a comment made about sputum?
3	Was a smoking history noted in the chart (3 minute search)?
4	Was the presence or absence of COPD/Asthma OR other debilitating disease noted?
5	Was the temperature recorded OR was an inquiry made about presence or absence of fever?
6	Was a chest examination done?
7	IF antibiotics were prescribed, was there a notation in chart re drug allergies (3 minute search)?
8	IF antibiotics were ordered, were dose AND duration of use recorded?
9	IF patient was a smoker, was advice given about smoking in the last two years (3 minute search)?

Table 6. Acute Pharyngitis

1	Was temperature recorded OR was an inquiry made about presence or absence of fever?
2	Was the presence or absence of rhinorrhea noted?
3	Was the presence or absence of cough noted?
4	Was the presence or absence of swollen or tender cervical nodes noted?
5	Was the presence or absence of exudate noted?
6	IF TWO or more of the following signs were present (fever above 38°C, tonsillar exudate, swollen, tender cervical nodes, absence of cough), was a throat culture ordered or strep test done?
7	IF antibiotics were prescribed was the diagnosis of strep throat confirmed (C&S, rapid strep test) before they were started?
8	IF antibiotics were prescribed, was there a notation in chart re drug allergies (3 minute search)?
9	IF antibiotics were prescribed, were dose and duration noted?
10	IF a strep infection was diagnosed, was penicillin prescribed? OR IF a penicillin allergy was noted AND a strep infection was diagnosed, was erythromycin prescribed?

Table 7. Acute Lowback Pain

1	Was an inquiry made about the duration of pain?
2	Was an inquiry made about the location of pain?
3	Was an inquiry made about the presence or absence of ONE or more of the following: paresthesia (pins and needles sensation, tingling), radiation of pain.
4	Was an inquiry made about the presence or absence of bowel incontinence and bladder incontinence?
5	Was an inquiry made about the presence or absence of trauma OR strain?
6	Was an inquiry made about any previous episode(s)?
7	Was an inquiry made about the effect on activities of daily living?
8	Was a comment made about at least TWO of the following aspects of back movement: flexion, extension, lateral flexion, and rotation?
9	Was a note made regarding straight-leg raising?
10	Was there evidence that a neurologic examination (e.g., knee and ankle jerks, weakness or sensory deficit) was done?
11	IF pain persisted for more than one month, was an inquiry made about at least TWO of the following: fever, weight loss and night pain?
12	IF pain persisted for more than one month OR patient was 50 years of age or older were lumbar spine x-rays OR other tests ordered?
13	Was at least one follow-up visit advised?
14	Was the patient given instructions about back exercises AND/OR back care OR referred for physiotherapy?

Table 8. Gastroenteritis

1	Was temperature recorded OR was an inquiry made about presence or absence of fever?
2	Was an inquiry made about the duration of symptoms?
3	Was an abdominal examination done?
4	Was an inquiry made about the frequency of stools?
5	Was an inquiry made about the presence or absence of blood in the stools?
6	Was an inquiry made about recent travel?
7	Was an inquiry made into history of antibiotic use?
8	Was an inquiry made about the presence or absence of vomiting?
9	IF there was blood in the stool OR a history of foreign travel, was the stool cultured OR was a leukocyte examination done?
10	Was a follow-up plan documented?

Table 9. Acute Cystitis

1	Was an inquiry made about the duration of symptoms?
2	Was an inquiry made about previous episodes?
3	Was an inquiry made about at least TWO of the following: frequency, hematuria, dysuria, and urgency?
4	Was an inquiry made about back pain?
5	Was temperature recorded OR was an inquiry made about presence or absence of fever?
6	If the patient was male, was there a not about presence or absence of urethral symptoms ?
7	IF fever or back pain present, was the presence or absence of flank OR costovertebral angle (CVA) tenderness noted?
8	IF first episode OR if no information about previous episodes(s), was urinalysis done/ordered?
9	If a culture was ordered, was it justified by an atypical presentation (fever, back pain, recent previous episode or the patient being a male)?
10	IF the patient was male AND this was at least the second occurrence was further investigation OR referral arranged?
11	IF antibiotics were prescribed, was there a notation in chart re drug allergies (3 minute search)?
12	IF antibiotics were used, were dose AND duration of use recorded?
13	IF pyelonephritis was diagnosed, was follow-up (return visit, referral or repeat urine culture) arranged?